

Weekly/Monthly Transaction Reply

03/26/06

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	1 = Disabled 0 = No Disability
12. Hospice Indicator	1	54	1 = Hospice 0 = No Hospice
13. Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14. ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code

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Field	Size	Position	Description
18. Effective Date	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: <u>11, 16, 17, 22, 23, 025, 026, 040, 062, 075, 38, 52, 80, 82 – 84, 100, 110, 111, 109, 112, 116, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 133, 134, 139, 140, 141, 143, 146, 148, 150, 162, 163, 164, 170, 171, 172, 173</u>
19. WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes
23. Filler	1	84	Space
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Disenrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: <u>13, 14, 18, 84</u>
b. Enrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: <u>17, 83, 100</u>
c. Claim Number (new)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 36, 90, 91, 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 35, 71

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Field	Size	Position	Description
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 45, 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, <u>158,159</u>
j. Institutional/ NHC End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 49, 76
k. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 77
l. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 78
m. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 79
n. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 66
o. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 67
p. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 80
q. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 81
r. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 82
s. SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is the following: 85

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Field	Size	Position	Description
<u>t. Low-Income Premium Subsidy Change Date</u>	<u>8</u>	<u>85 – 92</u>	<u>YYYYMMDD Format; Present only when Transaction Reply Code is the following: 167</u>
<u>u. Low-Income Cost Sharing Subsidy Change Date</u>	<u>8</u>	<u>85 – 92</u>	<u>YYYYMMDD Format; Present only when Transaction Reply Code is the following: 168</u>
25. Filler	3	97 – 99	Spaces
26. Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.
27. Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71
30. Application Date	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD Note: This field was previously filler in MMCS
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Out of Area Indicator
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits

Deleted: District Office Code

Deleted: Code of the originating district office; Present only when Transaction Type Code is 53

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Field	Size	Position	Description
36. Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
37. Enrollment Source	1	155 – 155	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
38. Part D Opt-Out Flag	1	156 – 156	Y = Opt-out of auto enrollment Blank = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 157	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41. Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
42. Employer Subsidy Override Flag	1	162 – 162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.
43. Filler	20	163 – 182	Part D plan's Rx ID number for beneficiary is no longer part of the TR data file, this field is now fill space.
44. Filler	15	183 – 197	Part D plan's Rx group ID number for beneficiary is no longer part of the TR data file, this field is now fill space.

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Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: Y = Beneficiary has secondary drug insurance N = Beneficiary does not have secondary drug insurance available Blank – Do not know whether beneficiary has secondary drug insurance Type 72 MA-PD and PDP transactions: Y = Secondary drug insurance available N = No secondary drug insurance available Blank = no change
46. Secondary Rx ID	20	199 – 218	Secondary Insurance plan's ID number for beneficiary
47. Secondary Rx Group	15	219 – 233	Secondary Insurance plan's Group ID number for beneficiary
48. EGHP	1	234 - 234	Type 60, 61, 71 transactions: Y = EGHP Blank = not EGHP Type 72 transactions: Y = EGHP N = Not EGHP Blank = no change
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level

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Field	Size	Position	Description
50. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
51. Low-Income Co-Pay Effective Date	8	239 - 246	Date co-pay category became effective, YYYYMMDD.
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy. Format: -9999.99